

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis  
Township St. Louis  
City St. Louis (No. People's Hospital)

FEB 8 1937

Registration District No. 791

Primary Registration District No. 1003

File No. 3429

Registered No. 461

St. 1 Ward 1

2. FULL NAME

(a) Residence, No. 4222 Moffitt St. 11 Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12<sup>th</sup> 1877

7. AGE YEARS 59 MONTHS 7 DAYS 22 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Tenn (STATE OR COUNTRY) unknown

FATHER 13. NAME Isaac Bingham

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Martha

16. BIRTHPLACE (CITY OR TOWN) O. Hio (STATE OR COUNTRY) unknown

17. INFORMANT Jessie (ADDRESS) 2825 Hammond

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Jan 14 1937

19. UNDERTAKER (ADDRESS) 47007

20. FILED JAN 12 1937 Registrar J. F. Sedwick

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10, 1937

22. I HEREBY CERTIFY, That I attended deceased from: 12-17, 1936, to 1-10, 1937

I last saw him alive on 1-10, 1937 Death is said

to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

lung Abscesses non  
traumatic Cause unknown  
Chr. Myocarditis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. F. Woodson M. D.

(Address) 3447 Pine Street

